

high school in her honor. This building will serve as a reminder to the community of her sacrifice and dedication to our country. I am proud to champion and sponsor this bill. It has already passed the House earlier this Congress on a bipartisan basis.

Mr. Speaker, I ask for a “yes” vote on S. 4411. Let’s continue Vanessa’s legacy. Let’s continue fighting for justice for Vanessa.

Mr. COMER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, Houston native and Army Specialist Vanessa Guillen was stationed at Fort Hood, Texas. In April 2020, she was reported missing from her unit. Tragically, her body was found 2 months later along the Leon River near Fort Hood. It is believed Specialist Guillen was killed by a fellow soldier at Fort Hood who had been harassing and stalking her.

Specialist Guillen’s death spurred a national policy conversation about the way in which sexual harassment claims have been handled by the military.

Mr. Speaker, I strongly support this postal naming bill honoring Vanessa Guillen’s life and legacy.

Mr. Speaker, I encourage passage, and I yield back the balance of my time.

Mrs. CAROLYN B. MALONEY of New York. Mr. Speaker, I join my colleagues in honoring the life of this young woman by naming a post office in Houston, Texas, after her.

Mr. Speaker, I urge passage of S. 4411, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from New York (Mrs. CAROLYN B. MALONEY) that the House suspend the rules and pass the bill, S. 4411.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

#### DR. JOANNE SMITH MEMORIAL REHABILITATION INNOVATION CENTERS ACT OF 2022

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I move to suspend the rules and pass the bill (S. 2834) to amend title XVIII of the Social Security Act to preserve access to rehabilitation innovation centers under the Medicare program.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2834

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the “Dr. Joanne Smith Memorial Rehabilitation Innovation Centers Act of 2022”.

#### SEC. 2. PRESERVING ACCESS TO REHABILITATION INNOVATION CENTERS UNDER MEDICARE.

(a) IN GENERAL.—Section 1886(j)(7)(E) of the Social Security Act (42 U.S.C. 1395ww(j)(7)(E)) is amended—

(1) by striking “PUBLIC AVAILABILITY OF DATA SUBMITTED.—The” and inserting “PUBLIC AVAILABILITY OF DATA SUBMITTED.—

“(i) IN GENERAL.—The”; and

(2) by inserting after clause (i), as redesignated by paragraph (1), the following new clauses:

“(ii) PUBLIC RECOGNITION OF REHABILITATION INNOVATION CENTERS.—Beginning not later than 18 months after the date of the enactment of this clause, the Secretary shall make publicly available on such Internet website, in addition to the information required to be reported on such website under clause (i), a list of all rehabilitation innovation centers, and shall update such list on such website not less frequently than biennially.

“(iii) REHABILITATION INNOVATION CENTERS DEFINED.—For purposes of clause (ii), the term ‘rehabilitation innovation centers’ means a rehabilitation facility that, as of the applicable date (as defined in clause (v)), is a rehabilitation facility described in clause (iv).

“(iv) REHABILITATION FACILITY DESCRIBED.—

“(I) IN GENERAL.—Subject to subclause (II), a rehabilitation facility described in this clause is a rehabilitation facility that—

“(aa) is classified as a rehabilitation facility under the IRF Rate Setting File for the Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2019 (83 Fed. Reg. 38514), or any successor regulations that contain such information;

“(bb) holds at least one Federal rehabilitation research and training designation for research projects on traumatic brain injury or spinal cord injury from the National Institute on Disability, Independent Living, and Rehabilitation Research at the Department of Health and Human Services, based on such data submitted to the Secretary by a facility, in a form, manner, and time frame specified by the Secretary;

“(cc) submits to the Secretary a description of the clinical research enterprise of the facility and a summary of research activities of the facility that are supported by Federal agencies;

“(dd) has a minimum Medicare estimated average weight per discharge of 1.20 for the most recent fiscal year for which such information is available according to the IRF Rate Setting File described in item (aa), or any successor regulations that contain such information; and

“(ee) has a minimum teaching status of 0.075 for the most recent fiscal year for which such information is available according to the IRF Rate Setting File described in item (aa), or any successor regulations that contain such information.

“(II) WAIVER.—The Secretary may, as determined appropriate, waive any of the requirements under items (aa) through (ee) of subclause (I).

“(v) APPLICABLE DATE DEFINED.—For purposes of clauses (iii) and (iv), the term ‘applicable date’ means—

“(I) with respect to the initial publication of a list under clause (ii), the date of the enactment of such clause; and

“(II) with respect to the publication of an updated list under clause (ii), a date specified by the Secretary that is not more than one year prior to the date of such publication.

“(vi) IMPLEMENTATION.—Notwithstanding any other provision of law the Secretary may implement clauses (ii) through (v) by program instruction or otherwise.

“(vii) NONAPPLICATION OF PAPERWORK REDUCTION ACT.—Chapter 35 of title 44, United States Code, shall not apply to data collected under clauses (ii) through (v).”.

(b) REPORT.—Not later than 3 years after the date of the enactment of this Act, the Secretary of Health and Human Services—

(1) shall submit to Congress a report containing any recommendations on action as the Secretary determines appropriate to preserve access to rehabilitation innovation centers (as defined in section 1886(j)(7)(E)(iii) of the Social Security Act, as added by subsection (a)); and

(2) may, in the report described in paragraph (1), as permitted by law, disseminate research, best practices, and other clinical information identified or developed by such rehabilitation innovation centers, as determined appropriate by the Secretary.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. DANNY K. DAVIS) and the gentleman from Texas (Mr. BRADY) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

#### GENERAL LEAVE

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, S. 2834 is named in honor and memory of the departed former president and CEO, Dr. Joanne Smith, of Shirley Ryan AbilityLab, who died last year on September 6.

She was a visionary and transformative figure in the field of physical medicine and rehabilitation by shifting the focus from rehabilitation to the outcome of ability. It means the capacity to transcend beyond one’s physical setbacks and circumstances in recovering and to live a healthy and meaningful life.

Dr. Smith was a compassionate doctor, loving wife, and wonderful mother. She was the driving force behind the development, building, and implementation of the Shirley Ryan AbilityLab that opened in my district in 2017.

Dr. Smith stood on the shoulders of the late Dr. Henry Betts and his legacy at the Rehabilitation Institute of Chicago, which was before the name change to Shirley Ryan AbilityLab. He was a tireless advocate for the rights of people with disabilities and served as medical director and CEO of the rehabilitation institute for many years.

People come from all over the world to be seen by our expert staff and researchers to receive cutting-edge technology from the hospital’s medical discoveries. This facility was ranked number one in rehabilitation by U.S. News & World Report for the 31st year in a row. What a hospital.

In the United States, there are nearly 1,200 inpatient rehabilitation facilities. As we know, many of these institutions are small and are driving the

future of rehabilitation medicine and patient recovery. This unique category of comprehensive rehab hospitals treats the most complex conditions, such as traumatic brain injury, stroke, spinal cord injury, childhood disease, burns, and wartime injuries. They treat veterans, the elderly, the disabled, victims of violence, and children with birth defects.

In addition, they conduct research that drives the entire industry and take on a greater share of training of the next generation of clinicians. These unique facilities are advancing the practice and standards of rehabilitation across the field of medicine and helping to disseminate best practices throughout the country.

For years, I have worked with colleagues in both parties and in both Chambers to support, study, and share the wonders of these leading rehab hospitals. They provide hope to countless patients and their families.

S. 2834 is the companion bill to H.R. 9271, which received bipartisan and bicameral support. This legislation, which I am honored to partner on with Representatives JAN SCHAKOWSKY and DARIN LAHOOD from Illinois, recently passed the Senate on a bipartisan voice vote, and it was led by my friend Senator DURBIN and Senator CASSIDY, Republican of Louisiana.

I am pleased that we are considering it today. S. 2834 would direct CMS to study this class of rehab hospitals and provide recommendations on how to preserve patient access to these leading facilities. This will help share best practices, promote new research, and improve patient care across the entire medical field.

Mr. Speaker, I encourage all of my colleagues to vote for S. 2834, and I reserve the balance of my time.

□ 1515

Mr. BRADY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am proud to join today with Chairman DAVIS to speak in support of H.R. 9271, the Dr. Joanne Smith Memorial Rehabilitation Innovation Centers Act.

This bill is important. It will create a standard to publicly recognize industry-leading facilities through the distinction of being a rehabilitation innovation center. These exceptional facilities are truly at the cutting edge of treatment.

They are leaders in innovation—researching, developing, and applying new medical breakthroughs and technologies that can then be spread to patients and facilities across the Nation and the world.

I have seen firsthand the amazing positive impact of these premier institutions. I am proud that The Institute for Rehabilitation and Research, TIRR as we call it, Memorial Hermann, is located in Houston, Texas, serving patients in my district, in this country, and around the world.

I have had the privilege to visit TIRR Memorial Hermann to see firsthand

how their patients benefit from life-changing care, particularly for patients who have suffered traumatic brain and spinal cord injuries.

The patients arriving at TIRR are often recovering from very medically complex injuries that really alter the course of their life. TIRR provides patients with a full team of specialized caregivers and physicians to ensure that each patient receives the very best plan of care for their injury, so they are able to return to their communities.

This incredible work and constant effort to research and develop new and innovative treatments for their patients has resulted in breakthroughs that have benefited patients not just in Houston but around the globe. Today I will share just two of the thousands of stories that highlight the life-changing impact TIRR has made for patients.

When our former colleague here in the House, Congresswoman Gabby Giffords, was horrifically attacked at point-blank range and miraculously stabilized from her critical condition, she was transferred to TIRR Memorial Hermann for her recovery. On that long road to recovery, TIRR's expert physicians, nurses, and therapists worked together with Gabby designing the right combination of intensive therapies and treatments. At TIRR, they still talk about Gabby's motivation, her focus, and positive approach that she showed throughout her remarkable recovery.

Corporal Nick Tullier was one of six Baton Rouge police officers shot during a 2016 ambush attack. Doctors told Nick's family he wouldn't survive 24 hours, but for nearly 6 years, he defied all odds after being treated at TIRR Memorial Hermann. He passed away a hero in May of this year.

I am immensely proud to have this amazing work happening in my home region of Houston. In my district and hometown, we are fortunate enough to host some of the TIRR patients at Memorial Hermann, the Woodlands Medical Center. I am honored to have had the opportunity to visit with the patients, nurses, doctors, and caregivers who are proudly part of the incredible work of TIRR Memorial Hermann. I commend them, as you do, for their incredible life-changing work.

I would also like to commend my friend and fellow member of the Ways and Means Committee, Congressman DARIN LAHOOD for his leadership in shepherding this bill to the floor. He unfortunately couldn't be here today, but on behalf of both of us and the Ways and Means Committee, I would urge everyone to vote "yes" on this bill.

Mr. Speaker, I reserve the balance of my time.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Illinois (Ms. SCHAKOWSKY), one of the authors of this legislation and my dear friend and delightful colleague.

Ms. SCHAKOWSKY. Mr. Speaker, I thank my dear friend and colleague from Illinois, DANNY DAVIS, for giving me the opportunity to speak in support of the Joanne Smith Rehabilitation Innovation Center.

I also offer a big thank you to Senator DURBIN, who was the chief sponsor of the legislation in the United States Senate and to finally bring this to fruition.

This bill will recognize rehabilitation research facilities in conducting not only research but treating patients based on the research that is found. It includes the Shirley Ryan AbilityLab in Chicago, which is also in Congressman DAVIS' district. This lab goes above and beyond to treat complex medical cases across the country. From traumatic brain injuries to third-degree burns, patients benefit from this work.

This bill ensures that cutting-edge research and best practices are shared across the country.

This bill honors Dr. Joanne Smith, who is the former president and CEO of the Shirley Ryan AbilityLab. As Congressman DAVIS pointed out, she sadly died of cancer last year, but Dr. Smith devoted her entire career to helping patients. It is fitting that we honor her legacy with this legislation, and I certainly appreciate the bipartisan support, and I urge all my colleagues to vote "yes."

Mr. BRADY. Mr. Speaker, I yield 2 minutes to the gentleman from Louisiana (Mr. GRAVES).

Mr. GRAVES of Louisiana. Mr. Speaker, I thank the gentleman from Texas for yielding, and I thank the bill's sponsors.

Mr. BRADY recently, in his speech, mentioned Nick Tullier, the officer from Baton Rouge, Louisiana, that was shot, and everyone expected Officer Tullier to be dead, for him to expire within hours of being shot. He took incredible shots to the chest and to the head. I will say it again, every physician I spoke to said he wasn't going to make it.

James Tullier and Mary Tullier, his parents, were remarkable parents in that every single day they sat by his side. TIRR Memorial Hermann Hospital, where Nick Tullier was for close to 6 years, did a remarkable job in ensuring that he would be able to live and would be able to sustain for many years.

Mr. Speaker, had it not been for the work of the hospital, the amazing innovation there, there is no question in my mind that those 5 or nearly 6 years that Nick Tullier was able to spend with his family, able to enjoy the company of his parents wouldn't have happened.

Mr. Speaker, I join my friend Mr. BRADY, and others, in supporting this legislation and recognizing the incredible work of these innovation centers. I urge adoption of the legislation.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I reserve the balance of my time.

Mr. BRADY. Mr. Speaker, I yield myself the balance of my time.

I thank Congressman GRAVES for being here today and telling that story again about this outstanding man and his family and the care he got. I join with Dr. Davis. I applaud the sponsors of this bill. I urge all Members of this body to support this important piece of legislation.

Mr. Speaker, I yield back the balance of my time.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, as I prepare to close, this may be the last time that I have an opportunity to be on the floor with former Chairman BRADY, Ranking Member BRADY, and I just want to say to him that it has been a pleasure working with him and observing his leadership on the Ways and Means Committee. Hopefully, the wind will always be at his back and the Sun will shine warmly upon his face.

Having a bill that is going to help continue to provide that kind of research—having this legislation on the floor here today, I was reminiscing a bit with myself of some of the many wonderful opportunities to have dialogue with Dr. Henry Betts, who was a guru in rehabilitation medicine, as was Dr. Smith. Dr. Betts and I often used to ride on the airplane together, coming from Chicago to Washington for whatever, and he was the most passionate man, most creative.

On a personal note, my former office manager and secretary had a stroke, and she was out for more than a year, but she went to the Rehabilitation Institute, came back, worked until she retired, is now living a very meaningful life as a retired person having all of her facilities.

The Rehabilitation Institute did that. Rehabilitation medicine did that.

Mr. Speaker, I urge passage of this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DANNY K. DAVIS) that the House suspend the rules and pass the bill, S. 2834. The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROSENDALE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

#### HAZARD ELIGIBILITY AND LOCAL PROJECTS ACT

Mr. MALINOWSKI. Mr. Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 1917) to modify eligibility requirements for certain hazard mitigation assistance programs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

Strike all after the enacting clause and insert the following:

#### SECTION 1. SHORT TITLE.

This Act may be cited as the “Hazard Eligibility and Local Projects Act”.

#### SEC. 2. AUTHORITY TO BEGIN IMPLEMENTATION OF ACQUISITION AND DEMOLITION ASSISTANCE PROJECTS.

(a) DEFINITIONS.—In this section:

(1) ADMINISTRATOR.—The term “Administrator” means the Administrator of the Federal Emergency Management Agency.

(2) COVERED PROJECT.—The term “covered project” means a project that—

(A) is an acquisition and demolition project for which an entity began implementation, including planning or construction, before or after requesting assistance for the project under a hazard mitigation assistance program; and

(B) qualifies for a categorical exclusion under the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.).

(3) HAZARD MITIGATION ASSISTANCE PROGRAM.—The term “hazard mitigation assistance program” means—

(A) any grant program authorized under section 203 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5133);

(B) the hazard mitigation grant program authorized under section 404 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170c); and

(C) the flood mitigation assistance program authorized under section 1366 of the National Flood Insurance Act of 1968 (42 U.S.C. 4104c).

(b) ELIGIBILITY FOR ASSISTANCE FOR COVERED PROJECTS.—

(1) IN GENERAL.—An entity seeking assistance under a hazard mitigation assistance program may be eligible to receive that assistance for a covered project if—

(A) the entity—

(i) complies with all other eligibility requirements of the hazard mitigation assistance program for acquisition or demolition projects, including extinguishing all incompatible encumbrances; and

(ii) complies with all Federal requirements for the covered project; and

(B) the Administrator determines that the covered project—

(i) qualifies for a categorical exclusion under the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.);

(ii) is compliant with applicable floodplain management and protection of wetland regulations and criteria; and

(iii) does not require consultation under any other environmental or historic preservation law or regulation or involve any extraordinary circumstances.

(2) COSTS INCURRED.—An entity seeking assistance under a hazard mitigation assistance program shall be responsible for any project costs incurred by the entity for a covered project if the covered project is not awarded, or is determined to be ineligible for, assistance.

(c) APPLICABILITY.—This Act shall apply to covered projects started on or after the date of enactment of this Act.

(d) REPORT.—Not later than 180 days after the date of enactment of this Act, and annually thereafter for 3 years, the Administrator shall submit to Congress a report on use of the authority under this Act, including—

(1) how many applicants used the authority; (2) how many applicants using the authority successfully obtained a grant;

(3) how many applicants were not able to successfully obtain a grant;

(4) the reasons applicants were not able to obtain a grant; and

(5) the extent to which applicants using the authority were able to comply with all necessary Federal environmental, historic preservation, and other related laws and regulations.

(e) TERMINATION.—The authority provided under this Act shall cease to be effective on the date that is 3 years after the date of enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. MALINOWSKI) and the gentleman from Louisiana (Mr. GRAVES) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

#### GENERAL LEAVE

Mr. MALINOWSKI. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1917, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. MALINOWSKI. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 1917. This bipartisan bill, sponsored by Congresswoman LIZZIE FLETCHER, makes it easier for municipalities to access Federal funds to protect people and property from disasters, like the major floods that have hit my State of New Jersey and other States across the country.

For every one taxpayer dollar invested in mitigation, up to \$13 are saved. The vast majority of FEMA's mitigation investments are made via the Agency's longest running mitigation grant program, the Hazard Mitigation Grant Program, or HMGP, which began in 1989.

Since then, more than \$5 billion have been obligated to HMGP projects, but due to various issues, including lack of capacity and burdensome red tape, more than \$1 billion of these funds have gone unobligated.

Mr. Speaker, \$1 billion in unspent hazard mitigation funds translates to a minimum of \$4 billion in unrealized disaster recovery savings in the communities that were unable to advance these mitigation projects.

This bill begins to cut the red tape and make it easier for communities to start their projects early while still taking advantage of the HMGP grants to complete their hazard mitigation projects that involve acquisitions.

In short, H.R. 1917 helps communities access funding to complete mitigation projects that will save lives, property, and taxpayer dollars.

Mr. Speaker, I support this legislation, and I reserve the balance of my time.

□ 1530

Mr. GRAVES of Louisiana. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 1917, the Hazard Eligibility and Local Projects Act.

As the gentleman from New Jersey just stated, this is a critical bill. It has already passed the House once. It passed out of the Transportation Committee by voice vote.